

# CALIFORNIA'S HEALTH

WILTON L. HALVERSON, M.D.  
DIRECTOR OF PUBLIC HEALTH

STATE DEPARTMENT OF PUBLIC HEALTH  
ESTABLISHED APRIL 15, 1870

PUBLISHED SEMI-MONTHLY

ENTERED AS SECOND-CLASS MATTER FEB. 21, 1922, AT THE POST OFFICE AT SACRAMENTO, CALIFORNIA, UNDER THE ACT OF AUG. 24, 1912. ACCEPTANCE FOR MAILING AT THE SPECIAL RATE OF POSTAGE PROVIDED FOR IN SECTION 1103, ACT OF OCT. 3, 1917

SACRAMENTO (14), 631 J STREET, 2-4711

SAN FRANCISCO (2), 668 PHELAN BLDG., 760 MARKET ST., UN 8700

LOS ANGELES (12), STATE OFFICE BLDG., 217 W. FIRST ST., MA 1271

VOLUME 1, NUMBER 21

MAY 15, 1944

GUY P. JONES  
Editor

## TENTATIVE PROGRAM

Northern California Public Health Association—Sacramento, May 29 and 30, 1944

HEADQUARTERS, HOTEL SENATOR—MEETING ROOM, LITTLE THEATER, CIVIC AUDITORIUM

### MONDAY, MAY 29

10 a.m.-12 noon Registration, Hotel Senator.

12 noon-1.45 p.m. Opening Session, Hotel Senator, Empire Room.

The John J. Sippy Luncheon—honoring the President-Elect of the American Public Health Association and Health Officer of San Joaquin Local Health District.

*Chairman*—WILTON L. HALVERSON, M.D., Dr. P.H., Director, California State Department of Public Health.

*Speakers*—L. L. LUMSDEN, M.D., Medical Officer (Retired) U. S. Public Health Service. Lecturer in Public Health, University of California.

John J. Sippy, M.D., President-Elect, American Public Health Association. Health Officer, San Joaquin Local Health District.

Price of luncheon, \$1.28, including tax.

2 p.m.-5 p.m. Second Session, Little Theater, Civic Auditorium.

*Chairman*—MARTIN MILLS, M.D., M.S., P.H., Richmond City Health Officer.

1. Disease Control with Chemicals. Chauncey D. Leake, Ph.D., Dean, University of Texas School of Medicine.

2. Postwar Public Health Nursing Patterns. Pearl McIver, P.H.N., Principal Public Health Nursing Consultant United States Public Health Service.

3. The Problem of Old Age. K. F. Meyer, M.D., Director, Hooper Institute, University of California.

4. Discussion.

5 p.m.-5.30 p.m. Third Session, Little Theater, Civic Auditorium.

### Annual Business Meeting

*Chairman*—WM. A. POWELL, M.D., President, N.C.P.H.A., Contra Costa County Health Officer.

1. Report of Western Branch, A.P.H.A.—W. F. Higby, Secretary.

7 p.m.

2. Report of Treasurer—Helen Hartley, P.H.N.

3. Report of Membership Committee—Mrs. Valerie Higby, Chairman.

4. Report of Resolutions Committee—John D. Fuller, M.D., Chairman.

5. Report of Nominating Committee—Louis Olsen, Chairman.

6. Election of Officers.

Fourth Session, Hotel Senator, Empire Room.

### Dinner Meeting

*Chairman*—WM. A. POWELL, M.D., President, Northern California Public Health Association, Contra Costa County Health Officer.

*Address*—New Trends in the British Health Services, Arthur Massey, M.D., C.B.E., D.P.H., Medical Officer of Health, Coventry, England.

Price of Dinner \$2.57, including tax.

### TUESDAY, MAY 30

9 a.m.-12 noon

Fifth Session, Little Theater, Civic Auditorium.

*Chairman*—WALTER H. BROWN, M.D., Acting Dean, University of California, School of Public Health.

1. Education of Public Health Personnel. Abel Wolman, Dr. Eng., Chairman, Executive Board, American Public Health Association.

2. Inservice Psychiatric Orientation for Public Health Personnel. Martha W. MacDonald, M.D., Psychiatric Services Adviser, U. S. Children's Bureau.

3. Report on the University of California School of Public Health. Walter H. Brown, M.D., Acting Dean.

4. Guiding Principles in a Health Education Program. Charles E. Lyght, M.D., Director of Health Education, National Tuberculosis Association.

2 p.m.-5 p.m.

Final Session, Little Theater, Civic Auditorium.

The Roundup.

Chairman—REGINALD ATWATER, M.D., Executive Secretary, American Public Health Association.

Roundtable Discussion of Subjects Raised in Previous Sessions with Questions from the Floor.

Board of Experts: Carl E. Buck  
 W. F. Higby  
 Chauncey D. Leake  
 Charles E. Lyght  
 Martha W. MacDonald  
 Arthur Massey  
 Pearl McIver  
 Walter Mangold  
 K. F. Meyer  
 W. P. Shepard  
 Ellis S. Tisdale  
 Abel Wolman

### PROGRESS IN HEARING CONSERVATION

A total of 2,232 persons have been addressed at Hearing Conservation meetings held by representatives of the California Department of Public Health. The major part of the program comprised 13 institutes that were sponsored by the Public Health Nursing Service in cooperation with the Bureau of Maternal and Child Health. Seven one-day institutes were held in northern California between November 1 and December 8, 1943. Six similar meetings were given to public health personnel in southern California between February 1st and 17th. The institutes were given at Vallejo, Santa Rosa, Redding, Marysville, Sacramento, San Jose, San Francisco, Fresno, Bakersfield, Los Angeles, Riverside, San Diego and Santa Barbara.

The institutes were conducted by Dr. Warren H. Gardner, Hearing Conservation Specialist of the Bureau of Maternal and Child Health. The morning session of each institute was devoted to a demonstration of testing techniques and the outlining of a complete testing program. Audiometers brought to the session from the schools, were checked for efficiency. The afternoon sessions consisted of presentation and discussion of the preventive and corrective aspects of the hearing conservation program.

Total attendance at all of the institutes was 807. Of the 564 public health nurses who attended, 291 were employed by health departments, 218 by boards of education, 48 by private agencies and 7 by other official agencies. Forty-two other nurses were students in field service, or were employed privately in industry or institutions. Forty physicians were present, including 19 health officers and other physicians and otologists. Of the 107 educators present, 33 were special teachers of lip-reading, speech correction, etc. Fifty-four other professional and lay persons completed the roster. Local arrangements for five institutes were

made by units of the California State Organization for Public Health Nursing. Eight institutes were arranged by local health departments and one by a county school nurse.

The Hearing Conservation Specialist gave 22 additional addresses to 1,425 persons. Lectures were given at two teachers colleges, 12 societies for the hard of hearing, five professional groups and associations, one PTA meeting and at two teachers institutes. The total attendance at institutes and lectures was 2,232.

Other activities of the specialist were directed toward overcoming one of the greatest weaknesses of hearing conservation; namely, the lack of medical diagnoses for children with hearing defects. With the help and advice of otologists in the State, progress is being made toward formulating plans for otological diagnostic services.

Experimental studies in procedures for screening and testing preschool children are being prepared with the cooperation of pediatricians and otologists. It is hoped that satisfactory methods will be found to detect hearing defects of young children before they begin school. If the time of discovery can be pushed forward to the youngest age group, preventive and corrective measures will attain the greatest efficiency.

The State Department of Public Health and the State Department of Education have begun collaboration in order to perfect plans for adequate medical and educational aid for hard of hearing children. Miss Ciwa Griffiths has been appointed consultant in Education of the Hard of Hearing in the State Department of Education. Exchange of information and plans have already proved profitable to both departments.

Dr. Gardner and Miss Griffiths have been asked to give courses in Hearing Conservation and Lip Reading at San Francisco State College next summer. Dr. Gardner will also give a course in Hearing Conservation at the University of California at Los Angeles with Mrs. Vivian Lyndelle, giving the course in Lip Reading. Dr. Gardner will also give a two-day institute at Humboldt State College. Teachers, nurses, speech correctionists, audiometer technicians and others are planning to attend these courses. Miss Griffiths also plans institutes to be given at some of the State colleges during the academic year. Thus the medical-educational program is rapidly proceeding in accordance with the wishes of the many friends of the hearing-handicapped who sponsored the legislation which was passed less than one year ago.

Perseverance is more prevailing than violence and many things which cannot be overcome when they are together, yield themselves up when taken little by little.  
 —Plutarch.







## MUSSELS PLACED UNDER QUARANTINE

The annual quarantine order restricting the sale of mussels along the California coast has been issued, to become effective May 1st. This quarantine will remain in force until November 1st. The order has been issued only in the interest of the public health in an effort to prevent the needless illnesses and deaths from mussel poisoning that occur quite commonly during the summer months along the California coast. Following is a text of the order:

### MUSSEL QUARANTINE ORDER

A quarantine is hereby established of all mussels from the ocean shore of California extending from the California-Oregon boundary south to the California-Mexico boundary, including the Bay of San Francisco, prohibiting the taking, sale or offering for sale, of mussels in or from this designated area, except that permission is granted to take mussels for use as fish bait, provided such mussels shall be rendered unfit for food purposes by processing with salt and provided further that the containers in which these processed mussels are placed, shall be adequately labeled in boldfaced Gothic type letters at least one-half inch in height, as follows:

"For Fish Bait Only—Unfit for Human Consumption"

All health officers and food inspectors are hereby instructed to enforce the provisions of this quarantine order which shall be effective from May 1st to October 31, 1944. It is established for the preservation of the public health and is in addition to those regulations establishing permanent quarantines on shell fish because of sewage pollution.

The health officers of the coastal and bay counties are instructed to post suitable placards in conspicuous places advising the public of this quarantine.

The placard, in addition to the mussel quarantine notice, shall also warn the public that clams should be cleaned and washed thoroughly before cooking and that all dark parts should be discarded because the poison when present during May to October would be concentrated in the dark parts. Only the white meat should be prepared for human consumption.

WILTON L. HALVERSON, M.D.,  
Director of Public Health  
and Executive Secretary, State  
Board of Public Health.

May 1, 1944.

Two opposing laws seem to be now in contest. The one, a law of blood and death, opening up each day new modes of destruction, forces nations to be always ready for the battle. The other is a law of peace, work and health, whose only aim is to deliver man from the calamities which beset him. The one seeks violent conquests, the other relief of mankind. The one places a single life above all victories, the other sacrifices hundreds of thousands of lives to the ambition of a single individual.—Louis Pasteur.

## MAINTAINING PUBLIC HEALTH LABORATORIES IN WARTIME

MALCOLM H. MERRILL, M.D., Chief of Division of Laboratories

By late in 1941 it became evident that if the public health laboratory program in California was to be maintained during the war a positive program for recruiting technical personnel would have to be developed. The demand for serology service was rapidly mounting and the number of qualified personnel was on the decline. The population of the State was increasing rapidly with consequent increased demands upon the health departments. By regulations of the State Board of Health only those technicians who had successfully passed examinations given by the department and had been issued public health laboratory technicians' certificates were permitted to work in public health laboratories. This limited the field for recruiting new personnel.

In order to meet this developing critical situation a training program was initiated. Arrangements were made with the United States Public Health Service to provide training stipends to 10 candidates each six months. Prerequisites for appointments were graduation from a university with a degree of A.B. or B.S. with major work in public health or bacteriology. Candidates were recruited from the senior classes of the universities of the State, for the most part from the University of California and the University of California at Los Angeles. Trainees were appointed for six months during which time they were assigned to the State Laboratory or local selected laboratories for apprenticeship training. This apprenticeship was developed on a rotating schedule basis so trainees obtained practical experience in general bacteriological and parasitological diagnostic procedures, in serology, water and sewage bacteriology, milk bacteriology, in venereal disease clinic laboratories and in checking and mailing rooms, media and glassware preparation rooms, and in some instances some work in virus laboratory diagnostic procedures. They received a basic stipend of \$120 per month which was increased to approximately \$146 per month when all Federal agencies went on a 48-hour work week.

In accepting training appointments candidates signed an agreement that committed them to being available for assignment to any laboratory in the State where their services may be needed for a minimum period of one year after the termination of the apprenticeship. Candidates not willing, or by circumstances unable to commit themselves to such an 18-month minimum program were not accepted.

Up to March 30, 1944, 28 public health laboratory technicians had completed training through this pro-



gram and 10 additional candidates were in training. On the above date 26 of the 28 were still in public health laboratory positions in 17 of the 30 public health laboratories in the State. The continuance of Laboratory service in these 17 laboratories is largely dependent upon these workers.

Since this program has made possible the continuance of public health laboratory service in California during this critical period, this note is being presented for whatever procedural value it may have to other State laboratory directors.

### SMALLPOX IN ORANGE COUNTY

Dr. Edward Lee Russell, Health Officer of Orange County, has issued a bulletin concerning a case of smallpox in a Mexican National who arrived in Orange County April 28th.

This individual was vaccinated on April 20th on the same day that he entrained for the United States. Prodromal symptoms of smallpox were developing when he crossed the border on April 24th. Dr. Russell's report reads as follows:

"The patient was one of 882 Mexican Nationals which made up this particular train, and stated that he circulated freely in all the cars. The patient walked about the platform at Juarez, but did not leave the train after entering the United States until he arrived at Anaheim. He went immediately to the Anaheim camp and remained there until taken to an Anaheim physician on May 1, 1944.

"The eruption appeared on April 27, the day before his arrival in Anaheim. The vaccination 'took' concurrently with the smallpox and modified the disease to some extent. The case was picked up at the doctor's office and was immediately placed in isolation at the Communicable Disease Pavilion. An Epidemiologist of the State Department of Public Health saw him and confirmed the suspicion that it is a case of *smallpox, modified by vaccination*.

"Although all of the Mexican Nationals were vaccinated before leaving for the United States, all of the group will be checked to pick up 'no takes.' Six hundred and fifty-seven of these men were distributed among the eight camps in Orange County, and the remaining 225 were sent to Tulare County.

"No evidence of community exposure had been obtained to date, but the nearness of the problem impresses on us the importance of the population being adequately vaccinated against the disease."

With a vast modern army, one cannot make plans come true on short notice. Only long-range planning and preparation by a well-balanced and trained supplies staff permits the field commander to make decisions involving immediate execution, for only with that prior preparation does he know that the plans can be executed at all.—Mark S. Watson.

### PUBLIC HEALTH NURSES ARE ESSENTIAL

The Procurement and Assignment Service for Physicians, Dentists, Veterinarians and Nurses of the War Manpower Commission has issued a statement regarding the criteria of essentiality for public health nurses, which follows:

#### CRITERIA OF ESSENTIALITY FOR PUBLIC HEALTH NURSES

Public health nurses who are essential in one of the following positions should be so classified. Those nurses eligible for military service who are essential in one of the following positions should be classified as essential until they can be replaced.

1. Director, supervisor or teacher of public health nurses
2. Staff nurse rendering a generalized service

#### Application of Criteria

1. Every effort should be made to replace nurses eligible for military service with nurses who are not eligible and are qualified to fill such positions.
2. Adequate supervisory personnel should be maintained due to the necessity of utilizing a larger number of less well qualified staff nurses and nonnursing personnel.
3. The staff nurse should be carrying out a generalized service in a ratio of 1 nurse to 5,000 population considering both private and public agencies.
4. The designation of a particular nurse as essential in some other capacity than Director, Staff Nurse, etc., as listed in 1 and 2 above, should be determined after conference between the administrator of the public health agency involved and the Local Committee for Nurses of Procurement and Assignment Service.
5. When public health nurses eligible for military service are classified as available, preference should be given to those who have not had special preparation for public health nursing.

#### Recommendations

The local committee in studying community needs for public health nurses as a basis for classification will give consideration to the following:

1. The administration and programs of public health nursing services differ throughout States, within states, and within localities, this variation being due to historical development, differences in health problems, population densities, and conditions brought about by rapid expansion of war industries and military centers which create special health problems. These variations should be recognized and the total amount of public health nursing available in a community be distributed, as far as practicable, on a basis of priority of need without regard to former special agency objectives, interests, or sources of income.
2. In order to bring about an equitable distribution and economical use of public health nursing services, efforts should be made:
  - a. To pool all community public health nursing activities, since direct services by a variety of specialized public health nurses should be eliminated for the duration of the war as an initial step toward economy of personnel.
  - b. To prepare all public health nurses for generalized service, regardless of former agency affiliation or special type of service.
  - c. To mobilize and utilize nursing personnel who have not had preparation in public health nursing and are not eligible for military service for all functions that do not absolutely require public health nursing training and experience.
  - d. To utilize nonnursing personnel for activities not requiring nursing skill.
3. The classification of nurses as essential who are preparing for positions in essential public health programs. These nurses should be potentially qualified for public health nursing work in order that they may be prepared in the shortest period of time.
4. Public Health nurses not eligible for military service, and not essential for work in the local community, should be relocated to areas of special need caused by military and industrial concentrations.



5. The utilization of public health nurses to their fullest capacities for public health nursing duties only, with a work week comparable in hours to those of other nursing groups in the community.

Nurses of California have been requested to return questionnaires promptly to the local Committee on Procurement and Assignment in order that classifications may be made promptly.

The headquarters of the committee is at 26 O'Farrell Street, Room 508, San Francisco 8.

The purpose of the classification of nurses is to find sufficient eligible nurses to meet military needs, as well as to provide an analysis of the nursing facilities in the State so that each nurse can serve best to help win the war on the home front. All inactive nurses are needed for the duration.

### VITAMIN PILLS—FACT, FAD OR FANCY?

With employers being solicited by salesmen, the public heavily barraged by advertising, plus the stress on keeping fit during the emergency, what are the facts as to the claims for vitamin pills, capsules and concentrates? Without attempting to give full or authoritative answer, our members should be interested in a brief review of some facts obtained from industrial and public health and nutrition experts.

#### Vitamins Are Not Foods

Vitamins—whether concentrates or isolated from natural sources—are not food—nor even substitutes for food. They are catalytic or accelerating agents which aid in assimilating foods into the human body. A vitamin is the spark which sets off the powder: food. But if the particular food (the powder) is not present in the body, the vitamin is generally wasted; likewise if the needed vitamin is absent, the particular food is difficult to assimilate. For example, vitamin D becomes of value only when an adequate supply of calcium and phosphorous (upon which "D" acts) is also present.

Proper benefit from vitamins can be derived only by knowing how and when to use them. For this all-important reason, the average layman—being without such knowledge—is advised not to try to obtain their benefits except under expert guidance.

#### Vitamins Are Not Cure-alls

Vitamins are not cure-alls nor do they provide energy, calories or body-building materials. Their function is to regulate the utilization by the body of various food elements and no amount of vitamins is helpful without the essential foods. Thus vitamins are but a part of the larger picture of nutrition. This is why authorities on the subject place greater stress on diet, emphasizing the need for eating the right foods in the right amounts. If a healthy person were to do so he would not have to be concerned with vitamins as they are in those foods in sufficient quantities for the normal need.

### Proper Diet Makes Vitamin Pills Unnecessary

Experts declare that the average person who has been on a properly balanced diet has no business taking vitamin concentrates. They say commercial vitamins have no place in the diet of normal individuals properly nourished and that synthetic preparations are used by physicians merely as a temporary measure to get the human body back on its proper vitamin balance; when that norm is reached, thereafter a balanced diet is all that is needed.

#### Self-Dosing With Vitamins Is Unwise

Several reasons are given by these authorities for warning the untutored not to dose themselves with prepared vitamins without professional advice.

1. They are for the sick alone and only a physician can determine which persons will benefit from an extra supply.
2. For fear of upsetting the delicate balance of the agencies of the body which help assimilate foods.
3. Harm may result to persons who assume that by taking prepared concentrates they can relax vigilance on other health factors.
4. If the human body doesn't need the vitamin taken, it usually passes off as waste.
5. As with patent medicines of a former day, possibly the greatest harm is the waste of money, for commercial preparations are expensive as compared to natural vitamin sources in foods.
6. The realm of vitamins is not fully explored by any means; there are still uncertainties, as all the vitamins and all their effects are not yet known.

#### Synthetic Vitamins Not Recommended

The National Research Council, a division of the National Academy of Sciences, has made the following statement of interest to business executives:

"Employers are beginning to appreciate the importance of better nutrition among their employees, and in their anxiety to obtain quick results are in many instances distributing synthetic vitamins in varying dosage without preliminary study of diets and nutrition. This is a practice which the Committee on Nutrition in Industry can not recommend on the basis of present knowledge.

"\* \* \* supplementing the diet with synthetic vitamins fails to make provision for deficiencies in proteins, fats, carbohydrates, minerals and the numerous accessory factors which \* \* \* are essential for the maintenance of health \* \* \*

"Supplementing the diet with synthetic vitamins may be shown to be necessary in particular instances by dietary and nutritional studies. In the absence of the information derived from such studies the committee can not recommend the indiscriminate administration of synthetic vitamins in the hope that they may remedy undiscovered dietary inadequacies or unrecognized nutritional deficiencies."

Note the emphasis on investigation of the need, beforehand, and the warning against indiscriminate dosing of employees without first studying diets and nutrition.



1

s  
g  
s  
-  
e  
o  
;  
t

r  
a

a

e

e

e

e

e

e

e

e

e

e

e

e

e

e

e

e

e

x

## Natural Foods Best Vitamin Source

The importance of the use of natural foods rather than vitamin pills and capsules in solving any dietary deficiencies of industrial employees is illustrated by what has been done in England where, it is to be remembered, food is strictly rationed and many protective foods are scarce. There, all factories employing two hundred or more workers must provide one good meal each day; and authorities, including the minister of health, are said to view with disfavor attempts to dispense vitamins to employees indiscriminately.

It is significant that public health and governmental authorities concerned with insuring the availability of sufficient vitamin potencies, have approached the problem by recommending certain foods be fortified rather than encouraging the public to take vitamin concentrates to improve health. For persons having definite symptoms of vitamin deficiency, several times as much vitamins will be required to cure the deficiency than contained in such popularized products offered to keep a normal person well. In such cases prescribed vitamin concentrates play an essential role.

Vitamin pills and capsules have created a business exceeding \$100,000,000 yearly. No doubt a large part of this boom and the wide popular interest can be credited to advertising promotion. But it is charged some advertisers are misinforming the public.

## Are You Being Misled?

The public should not be misled by claims made on behalf of some vitamin synthetics, as presently constituted, that the product will restore lost pep, bring one "back to life" or remedy conditions of being tired, low in resistance, nervous and irritable—especially when it is inferred that prepared vitamins alone are the solution. Nor should reliance be placed on suggestions to supplement your war rations with such pills and capsules if the implication is that they can actually take the place of foods.

## Summary

1. Vitamins are not food and should not be taken as substitutes therefor.
2. Employers are advised not indiscriminately to dose employees without preliminary scientific studies.
3. Individuals should place concern on obtaining the right foods and leave it to authorities to see that those foods be fortified where necessary. In cases of actual deficiency, persons are advised to consult a competent physician.

This article was published originally by the Better Business Bureau of Columbus, Ohio, and has been reprinted by the city health departments of Rochester and Baltimore.

## DR. SMITH IS PRESIDENT OF BOARD

Dr. Charles E. Smith of San Francisco, who has been a member of the California State Board of Public Health for the past three years, was recently elected president of the board to succeed Dr. Elmer Belt of Los Angeles. Dr. Belt retains his membership on the board, however, having recently been reappointed by Governor Warren.

Dr. Smith is head of Department of Public Health and Preventive Medicine, Stanford University Medical School and, with his academic background and practical experience in public health practice, he is particularly well fitted to serve as presiding officer of the California State Board of Public Health.

Dr. Harry E. Henderson of Santa Barbara was appointed the first of May as a member of the State Board of Public Health to succeed Dr. Horace Dornody of Monterey, whose term had expired.

## MORBIDITY REPORT—APRIL, 1944

Reportable diseases	Week ending				Total cases	5-yr. median	Total cases
	4-8	4-15	4-22	4-29	April	April	Jan.-April 1944
Amebiasis (Amoebic Dysentery)...	1			1	2		23
Anthrax.....							
Botulism.....		1					7
Chancroid.....		8			26		129
Chickenpox (Varicella).....	1,138	1,132	1,267	1,148	4,685	5,825	18,835
Cholera, Asiatic.....							
Coccidioid granuloma.....		2			2		7
Conjunctivitis—acute infectious of the newborn (Ophthalmia Neonatorum).....		1			1		13
Dengue.....							
Diphtheria.....	33	22	17	24	96	69	460
Dysentery, bacillary.....	8	3	6	7	24		107
Encephalitis, infectious.....	1	1	1	2	5		20
Epidemic diarrhea of the newborn.....	2				2		3
Epilepsy.....	31	52	23	26	132		484
Food poisoning.....	53	2		5	60		278
German measles (Rubella).....	801	660	943	958	3,362		8,266
Glanders.....							
Gonococcus infection.....	284	395	386	353	1,418	1,215	5,800
Granuloma inguinale.....	1				1		9
Influenza, epidemic.....	44	32	42	20	138	563	10,574
Jaundice, infectious.....	9	16	4	17	46		139
Leprosy.....							1
Lymphogranuloma venereum (lymphoparthritis venereum, lymphogranuloma inguinale).....	2	5	3	4	14		88
Malaria.....	4	2	1	3	10	13	31
Measles (Rubeola).....	3,358	3,381	4,271	4,199	15,209	3,718	30,699
Meningitis, meningococcic.....	29	30	20	23	102	11	525
Mumps (Parotitis).....	905	949	1,290	1,232	4,376	3,535	15,016
Plague.....	1				1		22
Paratyphoid fever, A and B.....							
Pneumonia, infectious.....	99	71	65	93	319	333	2,030
Polioomyelitis, acute anterior.....	2	6	3	3	14	6	80
Psittacosis.....							
Rabies, human.....							1
Rabies, animal.....	33	25	23	34	115	63	362
Relapsing fever.....							
Rheumatic fever.....	6	6	12	17	41		182
Rocky Mountain spotted fever.....	264	261	232	346	1,103	570	4,636
Scarlet fever.....							
Septic sore throat, epidemic.....							
Smallpox (variola).....						3	15
Syphilis.....	496	535	562	618	2,211	1,935	9,292
Tetanus.....		2			2		11
Trichinosis.....	1	2	3		6		51
Tuberculosis, pulmonary.....	175	160	165	198	698	664	2,641
Tuberculosis, other forms.....	7	8	14	5	34	37	144
Tularemia.....							1
Typhoid fever.....	3	4	2	10	19	16	56
Typhus fever.....							4
Undulant fever (Brucellosis).....	5	3	1	9	18	23	71
Whooping cough (Pertussis).....	85	103	103	106	397	1,691	1,501
Yellow fever.....							
					34,700		112,606



